

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534210

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		5		7		
3		2		1		
4						
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9						
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19	/					
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	/		1	1		
30		1		1		
31		1		1		
32	3		1			
33	3		1			
34			1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47						
48						
49	1		1			
50	1		1			
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2		1		
53		2		1		
54		2		1		
55		2		1		
56		2		1		
57		2		1		
58	1					
59	1					
60		2		1		
61		2		1		
62		2		1		
63		2		1		
64		2		1		
65		2		1		
66		2		1		
67		2		1		
68		2		1		
69		2		1		
70		2		1		
71		2		1		
72		2		1		
73		2		1		
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						